In re	Timothy Roberts Redpath Kristy Shannon Redpath	According to the information required to be entered on this statement
	Debtor(s)	(check one box as directed in Part I, III, or VI of this statement):
Case Number:		☐ The presumption arises.
	(If known)	■ The presumption does not arise.
		☐ The presumption is temporarily inapplicable.

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by \$707(b)(2)(C).

	Part I. MILITARY AND NON-CONSUMER DEBTORS
1A	Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	□ Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	■ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.
1C	□ Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard
	a. I was called to active duty after September 11, 2001, for a period of at least 90 days and I remain on active duty /or/ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;
	OR
	 b. □ I am performing homeland defense activity for a period of at least 90 days /or/ □ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed.

	Part II. CALCULATION OF M	ON	NTHLY INC	CON	ME FOR § 707(b)	(7) F	EXCLUSION	Ī
	Marital/filing status. Check the box that applies a		-		-	temer	nt as directed.	
	a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11.							
	b. Married, not filing jointly, with declaration							
2	"My spouse and I are legally separated under purpose of evading the requirements of § 707							
	for Lines 3-11.	(0)(.	2)(A) of the Ba	IIKI U	picy Code. Complete	omy	column A (De	btor's income)
	c. \square Married, not filing jointly, without the decla	rati	on of separate h	ouse	eholds set out in Line 2	.b ab	ove. Complete k	ooth Column A
	("Debtor's Income") and Column B ("Spou	se's	Income'') for	Line	es 3-11.			
	d. Married, filing jointly. Complete both Colu						use's Income'')	for Lines 3-11.
	All figures must reflect average monthly income re						Column A	Column B
	calendar months prior to filing the bankruptcy case the filing. If the amount of monthly income varied						Debtor's	Spouse's
	six-month total by six, and enter the result on the a			,	J		Income	Income
3	Gross wages, salary, tips, bonuses, overtime, con	nmi	ssions.			\$		\$
	Income from the operation of a business, profess	ion	or farm. Subt	ract	Line b from Line a and			
	enter the difference in the appropriate column(s) of	Lir	ne 4. If you ope	erate	more than one			
	business, profession or farm, enter aggregate numb							
4	not enter a number less than zero. Do not include Line b as a deduction in Part V.	any	part of the bu	sine	ss expenses entered of	1		
•			Debtor		Spouse	٦		
	a. Gross receipts	\$			\$			
	b. Ordinary and necessary business expenses	\$			\$			
	c. Business income	•	btract Line b fr			\$		\$
	Rent and other real property income. Subtract Line b from Line a and enter the difference in							
	the appropriate column(s) of Line 5. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part V.							
5	part of the operating expenses entered on 2 me s		Debtor	- 41	Spouse	7		
	a. Gross receipts	\$			\$			
	b. Ordinary and necessary operating expenses	\$			\$	Щ.		
	c. Rent and other real property income	Su	btract Line b fr	om I	Line a	\$		\$
6	Interest, dividends, and royalties.					\$		\$
7	Pension and retirement income.					\$		\$
	Any amounts paid by another person or entity, o							
8	expenses of the debtor or the debtor's dependent							
Ü	purpose. Do not include alimony or separate main spouse if Column B is completed. Each regular pa							
	if a payment is listed in Column A, do not report the					\$		\$
	Unemployment compensation. Enter the amount is							
	However, if you contend that unemployment comp					ı		
9	benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:							
	Unemployment compensation claimed to	***				7		
	be a benefit under the Social Security Act Debtor \$ Spouse \$					\$		\$
	Income from all other sources. Specify source and amount. If necessary, list additional sources							
	on a separate page. Do not include alimony or sep							
	spouse if Column B is completed, but include all							
	maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or							
10	domestic terrorism.				_			
		ψ	Debtor		Spouse	\parallel		
	a. b.	\$ \$			\$	\parallel		
								¢
	Total and enter on Line 10	\			101 01	\$		\$
11	Subtotal of Current Monthly Income for § 707(k Column B is completed, add Lines 3 through 10 in					f \$		\$

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12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.						
	Part III. APPLICATION OF § 707(b)(7) EXCLUSION						
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.	\$					
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)						
	a. Enter debtor's state of residence: b. Enter debtor's household size:	\$					
1.5	Application of Section 707(b)(7). Check the applicable box and proceed as directed. ☐ The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption of the company of the c	does not arise" at the					
15	top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII.						
	☐ The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.						

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

				MONTHLY INCOM		<u> </u>
16	Enter the amount from Line 12.					\$
17	Marital adjustment. If you checked Column B that was NOT paid on a dependents. Specify in the lines be spouse's tax liability or the spouse's amount of income devoted to each not check box at Line 2.c, enter zero. a. b. c. d.	regular basis for the ho ow the basis for exclud support of persons oth purpose. If necessary, li	ouseho ling the ner than	Id expenses of the debtor or e Column B income (such a n the debtor or the debtor's or	the debtor's s payment of the dependents) and the	\$
18	Total and enter on Line 17 Current monthly income for § 70	7(h)(2) Subtract Line	17 fro	m I ina 16 and enter the resu	ult	\$
10	-			EDUCTIONS FROM		*
	Subpart A: Dec	ductions under Stan	dard	s of the Internal Revenu	e Service (IRS)	
19A	National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.				formation is available persons is the number	\$
19B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B. Persons under 65 years of age Persons 65 years of age or older					
	a1. Allowance per person		2.	Allowance per person	01 01401	
	b1. Number of persons	b	2.	Number of persons		
	c1. Subtotal	C.	2.	Subtotal		\$
Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.				\$		

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20B	Local Standards: housing and utilities; mortgage/rent expense. En Housing and Utilities Standards; mortgage/rent expense for your coun available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy counted that would currently be allowed as exemptions on your feed any additional dependents whom you support); enter on Line b the total debts secured by your home, as stated in Line 42; subtract Line b from not enter an amount less than zero.				
	a. IRS Housing and Utilities Standards; mortgage/rental expense	\$			
	b. Average Monthly Payment for any debts secured by your	\$			
	home, if any, as stated in Line 42 c. Net mortgage/rental expense	Subtract Line b from Line a.	\$		
21	Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:				
	Local Standards: transportation; vehicle operation/public transportation	rtation expense.			
	You are entitled to an expense allowance in this category regardless of				
22A	vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expense included as a contribution to your household expenses in Line 8.	es or for which the operating expenses are			
	\square 0 \square 1 \square 2 or more.				
	If you checked 0, enter on Line 22A the "Public Transportation" amout Transportation. If you checked 1 or 2 or more, enter on Line 22A the '				
	Standards: Transportation for the applicable number of vehicles in the				
	Census Region. (These amounts are available at www.usdoj.gov/ust/ o		\$		
22B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for you public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)				
	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) 1 2 or more.				
23	Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy of Monthly Payments for any debts secured by Vehicle 1, as stated in Line the result in Line 23. Do not enter an amount less than zero.				
	a. IRS Transportation Standards, Ownership Costs	\$			
	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$			
		Subtract Line b from Line a.	\$		
24	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero.				
	a. IRS Transportation Standards, Ownership Costs	\$			
	Average Monthly Payment for any debts secured by Vehicle	· ·			
	b. 2, as stated in Line 42 c. Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$		
	Other Necessary Expenses: taxes. Enter the total average monthly ex				
25	state and local taxes, other than real estate and sales taxes, such as inco				
	security taxes, and Medicare taxes. Do not include real estate or sales taxes.				

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26		for employment. Enter the total average monthly payroll as retirement contributions, union dues, and uniform costs. stary 401(k) contributions.	\$		
27	Other Necessary Expenses: life insurance. Enter total life insurance for yourself. Do not include premiums	\$			
	any other form of insurance.				
20	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to				
28	pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not				
	include payments on past due obligations included in	n Line 44.	\$		
29	the total average monthly amount that you actually exp	ent or for a physically or mentally challenged child. Enter end for education that is a condition of employment and for challenged dependent child for whom no public education	\$		
-			Ψ		
30	Other Necessary Expenses: childcare. Enter the total childcare - such as baby-sitting, day care, nursery and p	preschool. Do not include other educational payments.	\$		
		tal average monthly amount that you actually expend on			
31		f yourself or your dependents, that is not reimbursed by			
	insurance or paid by a health savings account, and that include payments for health insurance or health savings.	is in excess of the amount entered in Line 19B. Do not	¢.		
	include payments for health hisurance or health savi	ings accounts listed in Line 54.	\$		
	Other Necessary Expenses: telecommunication servi				
32		your basic home telephone and cell phone service - such as			
		internet service - to the extent necessary for your health and	ф		
	welfare or that of your dependents. Do not include any	amount previously deducted.	\$		
33	Total Expenses Allowed under IRS Standards. Enter	er the total of Lines 19 through 32.	\$		
	Subpart R. Additi	onal Living Expense Deductions			
	-				
	Note: Do not include any ex	spenses that you have listed in Lines 19-32			
	Health Insurance, Disability Insurance, and Health the categories set out in lines a-c below that are reasonadependents.	Savings Account Expenses. List the monthly expenses in ably necessary for yourself, your spouse, or your			
34	a. Health Insurance	\$			
	b. Disability Insurance	\$			
			¢.		
	c. Health Savings Account	\$	\$		
	Total and enter on Line 34.				
	If you do not actually expend this total amount, state below: \$	e your actual total average monthly expenditures in the space			
35		family members. Enter the total average actual monthly ole and necessary care and support of an elderly, chronically of your immediate family who is unable to pay for such	\$		
	*	T			
36	Protection against family violence. Enter the total ave				
	other applicable federal law. The nature of these expen	under the Family Violence Prevention and Services Act or	\$		
<u> </u>		* *	Ψ		
37	trustee with documentation of your actual expenses, and you must demonstrate that the additional amount				
<u> </u>	-		\$		
38	Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$156.25* per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and				
		st explain why the amount claimed is reasonable and	\$		

^{*} Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.					\$	
40			Enter the amount that you will conting ganization as defined in 26 U.S.C. § 1			e form of cash or	\$
41	Tota	al Additional Expense Deduction	s under § 707(b). Enter the total of L	ines	s 34 through 40		\$
		S	Subpart C: Deductions for De	bt l	Payment		
42	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.						
		Name of Creditor	Property Securing the Debt	A	Average Monthly Payment	Does payment include taxes or insurance?	
	a.			\$		□yes □no	
				1	Total: Add Lines		\$
43	Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page. Name of Creditor Property Securing the Debt 1/60th of the Cure Amount						
	Pay		ims. Enter the total amount, divided b	y 60		otal: Add Lines aims, such as	\$
44		rity tax, child support and alimony include current obligations, such	claims, for which you were liable at the asthose set out in Line 28.	he t	ime of your bankr	ruptcy filing. Do	\$
			If you are eligible to file a case under the amount in line b, and enter the res				
	a.	Projected average monthly cha	apter 13 plan payment.	\$			
45	b.	issued by the Executive Office	strict as determined under schedules e for United States Trustees. (This vw.usdoj.gov/ust/ or from the clerk of	x			
	c.	Average monthly administrative	•		otal: Multiply Line	es a and b	\$
46	Total Deductions for Debt Payment. Enter the total of Lines 42 through 45.						\$
		Sı	ubpart D: Total Deductions f	ron	n Income		
47	Total of all deductions allowed under § 707(b)(2). Enter the total of Lines 33, 41, and 46.						\$
		Part VI. DE	ETERMINATION OF § 707(b)(2) PRESUMP	ΓΙΟΝ	
48	Ente	er the amount from Line 18 (Cur	rrent monthly income for § 707(b)(2)))			\$
49	Ente	er the amount from Line 47 (Tot	al of all deductions allowed under §	707	(b)(2))		\$
50	Mor	nthly disposable income under §	707(b)(2). Subtract Line 49 from Line	48	and enter the resu	ılt.	\$
51	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.						\$

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	Initial presumption determination. Check the applicable box and proceed as directed. ☐ The amount on Line 51 is less than \$7,475*. Check the box for "The presumption does not arise" at the top of page 1 of this					
52	statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI. The amount set forth on Line 51 is more than \$12,475* Check the box for "The presumption arises" at the top of the presumption arises.					
	statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remaind					
	☐ The amount on Line 51 is at least \$7,475*, but not more than \$12,475*. Complete the remainder of Part VI (L.	ines 53 through 55).				
53	Enter the amount of your total non-priority unsecured debt	\$				
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result.	\$				
	Secondary presumption determination. Check the applicable box and proceed as directed.					
55	☐ The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise of this statement, and complete the verification in Part VIII.					
	☐ The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.					
	Part VII. ADDITIONAL EXPENSE CLAIMS					
56	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.					
	Expense Description Monthly Amount	nt				
	a. \$	_				
	b. \$ c. \$	_				
	c.	-				
	Total: Add Lines a, b, c, and d \$					
	Part VIII. VERIFICATION					
	I declare under penalty of perjury that the information provided in this statement is true and correct. (If this is a joint	t case, both debtors				
	must sign.) Date: March 18, 2014 Signature: /s/ Timothy Roberts Redpa	ath				
57	Timothy Roberts Redpath (Debtor)					
	Date: March 18, 2014 Signature /s/ Kristy Shannon Redpath (Joint Debtor, if an					
	1					

^{*} Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.